

3/9/98
(13d)

REHABILITATIVE SERVICES (Continued)

School-Based Psychological Service

Reimbursement will be a state established rate based on 15 minute time units of services, with different rates established depending on the professional level of the individual providing the service and with different rates established for individual or group services.

Reimbursement for school district providers, as public agencies, is based on their reasonable cost of providing services, according to the Office of Management and Budget Circular A-87. In addition, local school districts will certify quarterly that they have expended public funds needed to match the federal share of their claims for services included in the State Plan provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the local school districts' accounting systems.

All certified expenditures are incurred in accordance with provisions of the Social Security Act, implementing regulations and Florida's approved Medicaid State Plan.

Managed Care Plans' capitation rates do not include payments to school districts for school-based services. The state provides assurance that, for school districts participating in the certified payment system, Managed Care Plans' capitation rates do not include payments and that no duplication of payment will occur.

Amendment 98-08
Effective 3/9/98
Supersedes 97-12
Approved 4/4/98

3/9/98
(13d)

REHABILITATIVE SERVICES (Continued)

School-Based Social Work Service

Reimbursement will be a state established rate based on 15 minute time units of services, with different rates established depending on the professional level of the individual providing the service and with different rates established for individual or group services.

Reimbursement for school district providers, as public agencies, is based on their reasonable cost of providing services, according to the Office of Management and Budget Circular A-87. In addition, local school districts will certify quarterly that they have expended public funds needed to match the federal share of their claims for services included in the State Plan provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the local school districts' accounting systems.

All certified expenditures are incurred in accordance with provisions of the Social Security Act, implementing regulations and Florida's approved Medicaid State Plan.

Managed Care Plans' capitation rates do not include payments to school districts for school-based services. The state provides assurance that, for school districts participating in the certified payment system, Managed Care Plans' capitation rates do not include payments and that no duplication of payment will occur.

3.4

OK'd by
Bob Sharpe
via phone 9/9/98
CRK

Amendment 98-08
Effective 3/9/98
Supersedes ~~87-13~~ 98-10
Approved 1/7/99

3/9/98
(13d)

REHABILITATIVE SERVICES (Continued)

School-Based Nursing Services

Nursing service reimbursement will be a state established rate based on 15 minute time units with different rates established depending on the professional level of the nurse providing the service.

For medication administration, payment will be based on a reasonable state established cost.

Reimbursement for school district providers, as public agencies, is based on their reasonable cost of providing services, according to the Office of Management and Budget Circular A-87. In addition, local school districts will certify quarterly that they have expended public funds needed to match the federal share of their claims for services included in the State Plan provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the local school districts' accounting systems.

let's ok'd
one call w/ Bob
w/ 9/4/98
CRK

~~All certified expenditures are incurred in accordance with provisions of the Social Security Act, implementing regulations and Florida's approved Medicaid State Plan.~~

Managed Care Plans' capitation rates do not include payments to school districts for school-based services. The state provides assurance that, for school districts participating in the certified payment system, Managed Care Plans' capitation rates do not include service payments and that no duplication of payment will occur.

Amendment 98-08
Effective 3/9/98
Supersedes 97-14
Approved 9/4/98

METHODS USED IN ESTABLISHING PAYMENT RATES

7/1/98
(13d)

REHABILITATIVE SERVICES (Continued)

School-Based Nursing Services by County Health Departments

The reimbursement will be determined by the state agency and will not exceed the upper limits established through the application of the parameters of 42 CFR 447.304. County Health Departments are reimbursed the lower of the state's fee or their charge for the procedure code billed. There is an established fee schedule for the services. The fee schedule is posted in a prominent location.

The nursing services rate will be based on 15 minute time units. Medication administration will be based on a single dose dispensed. Both nursing services and medication administration will have different rates established depending on the professional level of the nurse providing the services.

County Health Departments will certify quarterly that they have expended public funds needed to match the federal share of their claims for services included in the State Plan provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the County Health Departments' accounting systems.

Managed Care Plans' capitation rates do not include payments to County Health Departments for school-based nursing services. The state provides assurance that for County Health Departments participating in the certified payment system, Managed Care Plans' capitation rates do not include service payments and that no duplication of payment will occur.

Amendment 98-12
Effective 7/1/98
Supersedes NEW
Approved 9/4/98

Revised Submission 8/27/98

CHRISTIAN SCIENCE SANATORIA SERVICES

15/79 Effective 10/1/77, Christian Science SANATORIA Services are reimbursed as a general intermediate care facility under methods and standards described in Attachment 4.19-D.

Amendment 92-29
10/1/90--Effective ~~7/1/92~~
Supersedes NEW
Approval 10-9-92

10/1/90 HOME HEALTH SERVICES - Reimbursement is based on a fee schedule determined by the state agency and will not exceed the upper limits established through application of the parameters of 42 CFR 447.304.

Amendment 92-29
10/1/90-- Effective ~~7/1/92~~
Supersedes NEW
Approval 10-9-92

CLINIC SERVICES

- 7/1/85 A. Birthing center providers are reimbursed on a fee-for-service basis in accordance with 42 CFR 447.321.
- B. Ambulatory surgical center providers are reimbursed using Medicare rates for procedures rendered. The agency's payments equal but do not exceed Medicare's rates, per 42 CFR 447.321.
- 1/1/93 C. County Public Health Units
- Clinic services are reimbursed for medically necessary primary care services in addition to preventive health care services provided in the clinic or satellite clinic locations. This includes all services and supplies provided in the course of diagnosis and treatment of an illness or injury or to assess health status in order to detect and prevent disease, disability, and other health conditions or their progression. Reimbursement is on the basis of an all inclusive rate per visit which is reasonable and related to the cost of furnishing services. The rate is calculated based on a cost report which must be submitted to Medicaid. Cost reports will be subject to audits to determine reasonableness of costs. The rate per visit reimbursement is determined by dividing reasonable costs reported by the number of visits. If there has been a payment that is less or exceeds the payment determined as reasonable cost, Medicaid will make an adjustment at the end of the fiscal year. The reimbursement is subject to the upper limits in accordance with 42 CFR 447.321.

Amendment 93-001
Effective 1/1/93
Supersedes 92-29
Approval JUN 23 1993

TRANSPORTATION

10/1/92 Payment is as follows: 1) For ambulance service, all inclusive rates for basic life support, advanced life support, and air ambulance, including base rate, mileage and oxygen, the lesser of the rates determined by the State Agency not to exceed usual and customary charges; 2) the lesser of the usual and customary rates or the negotiated rates for specialized non-emergency transportation; 3) established mileage rate for private transportation and 4) the lesser of the usual and customary rates or negotiated rates for public transportation.

Amendment 92-54
Effective 10/1/92
Supersedes 92-29
Approval **DEC 22 1992**

PRESCRIBED DRUGS

1/1/92 Reimbursement for prescribed drug claims is made in accordance with the provisions of 42 CFR 447.331 as pertaining to upper limits.

1. Reimbursement for covered drugs dispensed by a retail pharmacy that has been approved to be an eligible provider, or a physician filling his own prescriptions if there is no licensed pharmacy within a ten mile radius of his office, shall not exceed the lowest of:

(a) The generic upper limit of payment (GULP), if established, for multiple source drugs, unless the drug is included on the Florida Negative Formulary.

(b) The estimated acquisition cost for the drug plus a dispensing fee.

(c) The provider's usual and customary charge to the general public (non-Medicaid), for the same drug, quality, and strength.

Amendment 92-08
Effective 1/1/92
Supersedes 92-29
Approval 5/11/92

10/1/93 PRESCRIBED DRUGS

Reimbursement for prescribed drug claims is made in accordance with the provisions of 42 CFR 447.331 as pertaining to upper limits.

1. Reimbursement for covered drugs dispensed by a licensed pharmacy that has been approved to be an eligible provider, or a physician filling his own prescriptions if there is no licensed pharmacy within a ten mile radius of his office, shall not exceed the lowest of:
 - (a) The generic upper limit of payment (GULP), if established, for multiple source drugs, unless the drug is included on the Florida Negative Formulary, plus a dispensing fee.
 - (b) The estimated acquisition cost for the drug plus a dispensing fee.
 - (c) The provider's usual and customary charge to the general public (non-Medicaid), for the same drug, quality, and strength.

Definitions

1. EAC - Estimated Acquisition Cost (EAC) is the department's best estimate of what price providers generally and currently are paying for a drug, based on the package sizes providers buy most frequently. Except for a small number of drugs with special pricing problems for which various EAC methodologies are employed, EAC is calculated at wholesaler acquisition cost plus a percentage mark-up, based on acquisition price data supplied by American Drug Data Base (Blue Book). Wholesale Actual Cost (WAC) plus 7% is used for most drugs. WAC plus 18% to 22% is used for CII DEA controlled substances that vary with the actual market rate. This is usually defined as the Actual Wholesale Price (AWP).
2. GULP- Generic upper limit of payment as established by the Health Care Financing Administration or the state agency for multiple source drugs.

Multiple Source Drug Reimbursement Limitations

1. If the EAC for a multiple source drug dispensed by a provider is less than the established GULP for that product, the provider shall be reimbursed based upon the EAC price.
2. The generic upper limit of payment will be the maximum ingredient cost per unit payable unless listed on the Florida Negative Formulary.

Dispensing Fees

Dispensing fees for the program may be determined on the basis of surveys that are conducted periodically and take into account such pharmacy operational costs as overhead, professional services and profit. A \$4.23 dispensing fee per payable prescription shall be paid to pharmacies. For in-house unit dose packaging (as opposed to manufacturer pre-packaged), add 1 1/2 cents per dose.

Amendment 93-56
Effective 10/1/93
Supersedes 91-18